



"People Serving
People"

CITY OF RIVERSIDE

PARKING CITATION ADMINISTRATIVE REVIEW

(800) 418-4110

(PLEASE PRINT WITHIN THE LINES)

NAME:		
STREET:		
CITY/STATE/ZIP:		
CITATION DATE:	VIOLATION CODE NO;	FEE AMOUNT:
CITATION NO:	VEHICLE LICENSE NO. & STATE:	TELEPHONE NO:

REASON FOR CONTESTING: (Optional -- But Recommended):

Signature: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE

ADMINISTRATIVE REVIEW RESULTS:

_____ The citation will be dismissed upon proof of a current disabled person identification issued by the Department of Motor Vehicles and payment of a \$10.00 administrative fee.

_____ DMV Handicapped No: _____ Expiration Date: _____

_____ Your explanation is accepted and the citation is dismissed. No further action is required.

_____ The citation is valid and the penalty must be paid. The amount due is \$ _____. Payment must be received by _____ or the citation will be considered delinquent and subject to additional late penalties. Please refer to the back of this form if you would like to schedule an Administrative Hearing regarding the results of this review.

_____ Other/Comments: _____

Parking Administration Review Officer

Date

FOR ADDITIONAL INFORMATION PLEASE SEE NOTICE ON BACK OF FORM

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City of Riverside

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